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BOARD APPROVAL

This plan was approved by a resolution of the Board of Directors of MI for implementation with effect from 1 April 2013 to 31 March 2018.
EXECUTIVE SUMMARY

MI aims ultimately to free the world of ‘hidden hunger’ – the critical lack of vitamins and minerals that are essential for human survival, health and well being. For more than ten years, micronutrient interventions have been identified by top global economists as interventions that will provide the highest return of any investment in global development. MI’s particular focus is on ensuring that the world’s most vulnerable, especially women and children, in developing countries get the vitamins and minerals they need to survive and thrive. Over this plan period, MI aims to advance integrated, innovative and sustainable solutions to reduce vitamin and mineral deficiencies among hundreds of millions of women, newborns and children annually.

This plan takes account of significant positive changes in the international nutrition landscape and of the opportunities presented by diverse delivery mechanisms and increased interest and investment in nutrition. It builds on MI’s core values and fast-growing areas of expertise and strength, and is informed by a robust evidence base that demonstrates the excellent return on investment of scaling up highly cost-effective micronutrient interventions. Its implementation will reposition the organization to be a global leader in relevant advocacy and technical and programmatic support. In this way, MI will add value and enrich the continuously evolving body of knowledge in collaboration with others.

MI’s overall strategic approach will be twofold: to enable and empower others who have extensive influence and reach (including governments, private sector, civil society, and research and international bodies) to take optimal courses of action that will meet the needs of vulnerable groups; and to support and guide them so as to maximize sustained impacts. MI’s business model involves programming in a critical mass of selected countries in the two geographic regions with the highest burden of deficiencies – South Asia and sub-Saharan Africa. MI seeks to demonstrate how impact can be achieved at large scale, and to contribute to the evidence base that underpins advocacy with key decision makers and influencers. In this way, MI will work to convince them to adopt the most cost-effective approaches and interventions, and to resource, institutionalize and sustain them.

MI will expand into new areas of work, addressing vitamin and mineral deficiencies more extensively and creatively at various stages of the life cycle, emphasizing the integration of proven micronutrient interventions within health, food, social protection and other existing systems in countries. MI will place the highest priority on the 1,000-day window of opportunity, between conception and the age of two years, to prevent and correct in a timely fashion, vitamin and mineral deficiencies. MI will work towards the following strategic goals linked to major international targets:

- increase the number of children who survive to five years of age as a result of receiving essential micronutrient interventions;
- increase the number of children, particularly those under the age of two, who get the essential vitamins and minerals they need to promote their optimal health, growth and development;
- improve the survival and health of women and their newborns by ensuring that their needs for essential vitamins and minerals are met during the reproductive years, and particularly during pregnancy and after birth; and
- catalyze greater global impact of micronutrient interventions by contributing to the evidence base and its translation into policies and programs, strengthening commitment and political will, and ensuring high quality and availability of essential micronutrient commodities.

In support of these goals, MI will adopt a smart-growth strategy involving the following: strategic profile-raising and outreach to strengthen MI’s brand and influence, resource diversification, proactive donor cultivation and stewardship, and the exploration of new business models to support expanded capacity to address the global burden of micronutrient deficiencies at a larger scale.
PURPOSE AND USE OF THE PLAN

This plan has been developed to reposition MI and its work within the context of significant changes in the landscape and operating context for MI’s work. It provides a framework for a challenging but achievable level of growth that will enable MI to make a greater contribution over the plan period. It builds on the directions set in MI’s 2008-2013 plan, but makes substantive shifts in emphasis and approach. It sets out the following components: vision; purpose and mission; core values and guiding principles; strategic goals, targets and approaches; and resourcing strategy to achieve its goals and targets. It also responds to the request by MI’s Board of Directors in December 2011 for a new strategic plan.

MI management and staff will use the plan to guide the following: programming strategies; global, regional and country operational plans; and the tracking and evaluation of progress. They will also use it as a tool to communicate with stakeholders about MI’s mandate, goals and approaches. The plan will be used by MI’s Board as a tool to steer MI’s future direction, and to ensure that annual operational Programs of Work and Budget contribute adequately and adhere to MI’s goals and strategy. It is designed to be a living document, subject to review and change in response to shifts in MI’s operating context. The Board and MI management will undertake a mid-term review of this plan in 2015/16.

OVERVIEW: ORGANIZATIONAL DESCRIPTION, VISION, PURPOSE AND MISSION

Organizational Description

The Micronutrient Initiative was formed in January 1992 out of the pledge of the 1990 World Summit for Children to protect the world’s children against malnutrition. It functioned initially as a Secretariat within Canada’s International Development Research Centre (IDRC), with the aim of focusing the world’s attention on the problem of vitamin and mineral deficiencies – a problem that was not well recognized at the time. In its first ten years, MI worked with key development agencies to raise awareness of the problem through advocacy, to encourage the implementation of known solutions, and to foster the development of innovative products and approaches for ensuring that micronutrients reached vulnerable populations cost-effectively.

In 2002, MI evolved into an independent not-for-profit corporation (registered in Canada). MI’s emphasis shifted from global advocacy and product development to include more direct support of the scale-up of cost-effective programs at country level, working in close partnership and in innovative ways with governments, the private sector, international agencies, and academic and civil society organizations.

MI has registered branch offices in a number of ‘core’ countries in Asia and sub-Saharan Africa, and retains project staff and offices in other countries. ‘Core’ country teams primarily comprise program staff, led by a Country Director, and are responsible for the following: participatory situation assessments; provision of local technical assistance; advocacy; program design, development, implementation and monitoring; and some program evaluation work. Country operations are supervised by Regional Directorates in New Delhi, India and Dakar, Senegal. In addition to regional managers, Regional Directorate teams include technical advisors as well as external relations, financial and administrative services staff. The current locations and coordinates of MI’s offices are available on MI’s website.

MI Headquarters in Ottawa, Canada is responsible for the following:

- governance, leadership and oversight of all MI programs, corporate planning, contracting and procurement, financial management and control, information technology systems, and legal affairs;
• design, quality assurance, monitoring, and evaluation of programming in other regions;
• leadership in contributing to the global evidence base, including guidelines, research and technical support for evidence based programming within and beyond MI; and
• external relations including advocacy, communications, partnerships and resource mobilization.

The Executive Management Committee oversees the day-to-day management of the MI. Chaired by the President, it comprises the Vice Presidents for Corporate Services and for Programs, the Regional Directors for Asia and for Africa, and the Directors for Technical Services and for External Relations. The President and Vice President for Corporate Services are the principal officers of MI, accountable to the MI Board. Up-to-date profiles of MI's Board, management and staff and MI's annual reports and audited financial statements are available on MI's website.

**Vision, Purpose and Mission**

MI has developed the following high-level statements that summarize its mandate. The need for MI’s continued and enhanced contribution to securing a world free of hidden hunger was validated in the responses gathered by two separate independent evaluations of MI during 2011-2012.

**Vision** – A world free of hidden hunger

**Purpose** – To ensure that the world’s most vulnerable - especially women and children - in developing countries get the vitamins and minerals they need to survive and thrive

**Mission** – To be a global leader in advancing integrated, innovative and sustainable solutions to reduce vitamin and mineral deficiencies through advocacy, technical and programmatic support, in collaboration with others.

**Core Values**

Over time, MI has developed strongly-held core values that inform and influence decision-making at a fundamental level, set the leadership style and organizational culture, and provide the basis for how MI staff members interact with each other and externally. These are summarized in the following statements of core values and reflected in the principles that drive all of MI’s work.

**Impact** – we are driven to make a difference through the achievement of challenging and sustainable results that enable disadvantaged communities to lead more productive, healthy and fulfilling lives.

**Commitment to Excellence** – we aspire to provide global technical leadership in the field of evidence-based micronutrient interventions in developing countries, with a focus on technical expertise, professionalism, innovation and effectiveness.

**Accountability** – we meet or exceed stakeholder expectations, are open and fair in our decision-making and interactions with others, and are efficient and transparent in our use of resources.

**Respect** – we treat others as we would like to be treated, respect the culture and values of the people in whose countries we work, and appreciate and recognize the contributions of our collaborators and other agencies.

**Investing in People** – we value our staff members and seek to build on their motivation, skills and experience by promoting a culture of continuous improvement and professional development that will provide them with opportunities to realize their potential and, in doing so, enhance their ability to contribute to achieving their own goals and those of the organization.
Guiding Principles

Building on these core values, and aligned with the broader Paris Principles for Aid Effectiveness (which underpin MI’s programming policy), MI has framed Ten Guiding Principles:

**Equity** – MI will prioritize access to key micronutrients for all those who are most vulnerable and at most risk of the consequences of deficiencies, especially women and girls.

**Country Leadership** – MI will promote and support the development of country-led, multi-sectoral food and nutrition security plans that include nutrition-specific and nutrition-sensitive actions, recognizing that the causes of undernutrition and their potential solutions are multi-dimensional and go beyond the remit or capacity of a single government ministry to address in a comprehensive manner.

**Catalytic Approach** – MI will seek to make things happen. We will invest in removing critical barriers to achieving impact, in testing and evaluating innovative and improved solutions and approaches, in convening multiple stakeholders to resolve issues jointly and faster, and in leveraging matching resources from others to support scale-up of interventions that are shown to work best.

**Knowledge Acquisition and Application** – MI will place at the core of its strategy the acquisition, compilation and dissemination of knowledge to inform innovation and evidence-based decision-making in programming and policy. Building on the respect it gains as a result of its support to governments and its alignment with the Paris Principles, MI will continue to engage in evidence-based advocacy with governments and other stakeholders to bring about improvements in policy and practice.

**Integration and Alignment** – MI will develop its programs in close consultation with local stakeholders, in alignment with national plans, and integrated within national health and food systems. Where there are gaps or weaknesses in such systems, MI will, as a first step, help governments strengthen internal capacity and/or, in consultation with government, identify and contract a collaborating agency to help address the issue.

**Coordination** – MI will harmonize its targets and indicators, plan its activities, and share its information and results with government, other local institutions and collaborating agencies to achieve greater synergy, cost effectiveness and overall benefit for target groups.

**Results-based Management** – MI will help countries track results, strengthen program monitoring and evaluation, and use their results to guide program improvements. In its own work, MI will set measurable, challenging targets for achieving results, additional to what would or would not happen in the absence of MI’s work. Equally, MI will seek to learn lessons and apply them to improve its own performance.

**Focus on Impact** – MI will prioritize programming with optimal scope for impact, concentrating on opportunities to achieve the greatest overall benefits for target groups, either directly through interventions such as supplementation programs, or indirectly by disseminating knowledge to key actors at national, regional and global levels to inform policy and improve programs. MI will be flexible in its approaches to achieving results and in response to contextual changes and new opportunities to make a difference.

**Sustainability** – MI will start its work with a vision of how and by whom programs and impact will be supported and sustained in the future. In addition to promoting government ownership, aligning its programs with local government plans and policies, and integrating them within government systems, MI will seek to use and strengthen local capacity and capabilities to secure longer-term implementation, and to diversify the resource base that is applied for scaling up programs in countries.

**Accountability** – MI will share accountability and credit with countries and other partners for use of resources and results produced. MI will report to stakeholders on progress and variances, and work to enhance cost-efficiency and cost-effectiveness through prudent and innovative use of resources, robust and transparent accounting and contracting systems, continuous improvement in its management of IT and web-based systems, and learning from and acting on stakeholder feedback and evaluations.
STRATEGIC ANALYSIS AND GOALS

Rationale for Action

Micronutrients (vitamins and minerals) are critical nutrients required regularly by human beings in varying quantities throughout life. They are essential for the normal function of most organ systems in the body, for efficient energy metabolism, and for the production and function of hormones, enzymes and the immune system, which are key to survival and normal reproduction, growth, development and health.

Both inadequate and excessive intake of micronutrients have adverse consequences for health. During the critical period of pregnancy, lactation and early childhood, the consequences of deficiency are particularly severe, and many are irreversible. They could lead to death or permanently limit the child’s capacity and opportunities throughout life.

Adequate micronutrient intake should come from the consumption of a variety of micronutrient-rich foods on a regular basis. The ability to consume these can be limited by a number of circumstances including poverty, seasonal fluctuations in food availability, and traditions around food and feeding. During periods of rapid growth and development, it may also be difficult to meet needs without supplements or specially-formulated fortified foods due, for example, to the high need for iron during pregnancy, or to the small stomach size of young children. While excess intake of a micronutrient can cause certain health problems, the consequences of deficiency can be severe, particularly for children and pregnant women. Micronutrient undernutrition is also not confined to populations who lack adequate food; it can persist among those who are overweight, obese and/or have diet-related chronic diseases (known as the double burden of malnutrition).

When whole populations do not have access to basic vitamins and minerals, nations suffer enormous lost potential. The World Bank estimates that countries can lose at least two to three percent of their gross domestic product as a result of consequences due to malnutrition.¹ Widespread deficiencies cripple health-care budgets, undermine educational efforts, weaken a workforce, and debilitate an

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economy. The 2009 *United Call to Action on Vitamin and Mineral Deficiencies*\(^2\) characterized the “1,000 days that can last a lifetime”, and notes that, “if vitamin and mineral deficiencies are not corrected between conception and the age of two [the 1,000 days], it may be too late to correct them later”.

Almost all micronutrients need to come from diets, and their intake needs to increase during periods of rapid growth to help avoid growth failure and deficiency diseases. This is most critical during infancy, preschool childhood, adolescence, and the reproductive years for women. In terms of global burden, R.E. Black et al (for the Maternal and Child Undernutrition Study Group) noted in the lead paper in the *Lancet Nutrition Series* in 2008\(^3\) that:

Maternal and child undernutrition remain pervasive and damaging conditions in low-income and middle-income countries. A framework developed by UNICEF recognises the basic and underlying causes of undernutrition, including the environmental, economic, and sociopolitical contextual factors, with poverty having a central role\(^4\). Although addressing general deprivation and inequity would result in substantial reductions in undernutrition and should be a global priority, major reductions in undernutrition can also be made through programmatic health and nutrition interventions.

The Scaling Up Nutrition (SUN) Movement, led by countries facing nutrition challenges, has brought partners in the nutrition, health and development space together as never before to create lasting change through improved nutrition. MI is actively involved in the movement. The SUN Movement has brought together the authorities of countries burdened by undernutrition, a broad range of stakeholders from multiple sectors in-country and a global coalition of partners. Together they are expanding the pool of resources for implementing a set of specific interventions that improve nutrition, including increased micronutrient-specific interventions, and incorporate nutrition-sensitive strategies into health, agriculture, education employment, social welfare and development programs. The success of the SUN movement will be reflected in the better nutrition of pregnant and breastfeeding women and children under the age of two years. This is the 1000 day ‘window of opportunity’, in which better nutrition leads to increased intellectual capacity (vital during school years), greater capacity for physical work in adulthood and a lowered risk of non-communicable diseases in later life.

The World Health Organization (WHO) in its Vitamin and Mineral Information System (VMNIS) database has compiled prevalence surveys indicating the extent of deficiencies in certain micronutrients and related conditions as follows:

- anaemia affects 1.6 billion people globally\(^5\);
- vitamin A deficiency is of public health significance in 60 countries and a likely problem in 13 others, affecting 33% of children under five (190 million) and 15% of pregnant women (20 million)\(^6\); and
- iodine deficiency has a global prevalence of 35% of people (2 billion) with intake below the estimated average requirements\(^7\).


Using food availability data, WHO estimated in 2002 that zinc deficiency was affecting about one-third of the world’s population with very significant variability\(^7\). The International Zinc Consultative Group has modelled the global prevalence and severity by country of zinc deficiency (based on absorbable zinc in the food supply and the prevalence of stunting)\(^8\).

Micronutrient deficiency can exist both in the presence and in the absence of overt hunger. The greatest burden of deficiencies is concentrated in South Asia and South East Asia because of high population density. Prevalence is also very high in sub-Saharan Africa. In Latin America and the Caribbean, the Middle East and Central Asia, the prevalence of micronutrient malnutrition is also high, but may be concentrated in high-risk populations.

Investment in nutrition has time and again been shown as one of the best development investments, yielding incredible returns that have far-reaching impact across multiple sectors. Successive Copenhagen Consensus\(^9\) panels of leading economists (2004, 2008, 2012) have identified micronutrient interventions as providing the best return on investment for advancing global welfare, particularly that of developing countries. In 2012, the panel stressed the importance that micronutrient interventions can have in improving child nutrition and health; especially when bundled with improved breastfeeding and complementary feeding practices, and treatment for intestinal parasites and diarrhoeal diseases. The benefit : cost ratio for micronutrient interventions has been estimated to be as high as 200:1\(^1\).  

**Opportunities for Action**

Although significant progress has been made since 1990 by many countries, with the support of MI and others\(^1\), the rationale for action above illustrates the very large extent of the remaining global unmet needs. The World Bank has noted that, “despite the potentially very high returns to investment, nutrition has been a ‘forgotten MDG’... often unrecognized, rarely acted-upon, and grossly under-funded”.

Currently, global investments in nutrition have been estimated at a mere $300 million annually. The cost of programs that would alleviate the burden of undernutrition is estimated to be over $10 billion annually. This figure includes scaling up micronutrient, behaviour change, as well as therapeutic and complementary feeding interventions. These programs need to be implemented in partnership with the health sector and complement the efforts at health systems strengthening that are already underway in many countries. Increasing investment in nutrition, and in micronutrients in particular, would provide vast returns: thriving children, healthier families, and a more productive labour force.\(^1\)

Since 2010, the SUN movement has encouraged increased commitment by countries and their development partners to correct the “woefully inadequate”\(^1\) level of resource allocation to nutrition, and

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\(^11\) Repositioning nutrition as central to development. World Bank. 2006: 27  
\(^12\) MI has played a major role in vitamin A supplementation to improve child survival and salt iodization to improve iodine intake.  
efforts are ongoing to better track spending on nutrition-sensitive and direct nutrition actions across multiple sectors\textsuperscript{15}. SUN also calls for urgent action both to incorporate nutrition-sensitive strategies (which aim to deliver on nutrition outcomes) across multiple sectors including health, agriculture, education, employment, social welfare and rural and other development programmes; and to implement nutrition-specific interventions in relevant sectors through appropriate delivery mechanisms such as the following:

- provision of micronutrients to increase intake of vitamins and minerals for young children and their mothers (periodic vitamin A supplements; therapeutic zinc supplements for diarrhoea management; multiple micronutrient powders; de-worming drugs for children to reduce nutrient losses; iron-folic acid supplements for pregnant women to prevent and reduce anaemia; iodized oil capsules where iodized salt is unavailable);
- promotion of good nutritional practices (breastfeeding; complementary feeding for infants from six months of age; improved hygiene practices, including hand-washing);
- provision of micronutrients through food fortification for all (salt iodization; iron and folic acid fortification of staple foods); and
- prevention or treatment of moderate undernutrition in children; and treatment of severe acute malnutrition in children with ready-to-use therapeutic foods.

Action on these interventions will contribute directly and significantly to progress made by countries towards achievement of their Millennium Development Goals for child survival and women’s health by 2015, and will help maintain, consolidate and improve on progress beyond 2015. They will contribute to the following maternal infant and young child nutrition global targets for 2025 as endorsed by the World Health Assembly in 2012:

- 40% reduction in stunting among children under five;
- 50% reduction in anaemia in women of reproductive age;
- 30% reduction in low birth weight;
- increase in exclusive breastfeeding rates for the first six months to 50%; and
- reduction in childhood wasting to less than 5%.

Effective platforms to enable the rapid scale-up of micronutrient nutrition across multiple sectors are not yet operating and delivering at scale in many countries. However, opportunities are growing for initiating and improving the integration, coverage and quality of proven, cost-effective micronutrient interventions through health delivery mechanisms, as well as within a variety of food-based programs (such as post-harvest agricultural and food processing, food and livelihood security, humanitarian assistance, social protection, rural and/or community development, and early childhood education programs). Significant efforts to integrate micronutrients are already underway by others in specific areas (such as targeted and market-based programs to increased access to fortified foods, bio-fortification of crops, and infant and young child nutrition, among many others). However, their coverage is still limited and the scope for expansion is extensive. Health sector programs, in particular, offer increased scope for mainstreaming micronutrient interventions during the entire ‘continuum of care’\textsuperscript{16} – from pre-pregnancy through delivery and the immediate postnatal period, to childhood – linking provision via families, communities, outpatient services, health facilities and outreach services.

\textsuperscript{15} Developing a resource tracking system for measuring spending on nutrition in low- and middle-income countries. USAID 2011.

\textsuperscript{16} Shorthand for the continuum of care for reproductive, maternal, newborn and child health (RMNCH) as defined by the Partnership for Maternal Newborn and Child Health (PMNCH) Fact Sheet.
Recognizing that micronutrient programs can help realize the rights of women and children to adequate nutrition and health, MI will seek to intervene where winning conditions are present for it to add the most value to ongoing efforts, remove barriers to progress, and catalyze large scale impact on vulnerable women, girls and boys within the short to medium term.

**Scope for MI to Add Value**

Two independent evaluations of MI and a related study were conducted in 2011-2012. An evaluation commissioned by MI critically evaluated the relevance of the objectives in the strategic plan 2008-2013, reviewed MI’s success in meeting them, and identified areas for modification. A study by the Canadian International Development Agency (CIDA) evaluated MI’s performance on the five-year institutional support grant from CIDA, approved in 2008. A third study – a landscape analysis of food fortification to assess gaps and to critically evaluate MI’s comparative advantage to addressing any such gaps – explored the current state of and scope for future contributions by MI to food fortification. All studies sought input from stakeholders, including representatives of country governments, donors, UN partners, private sector organizations, international NGOs and nutrition organizations and experts, as well as from MI employees. Overall the studies found that MI’s portfolio, as set out and implemented in the 2008-2013 plan, was highly relevant. They also concluded that MI had made very significant contributions to specific areas (to child survival through direct support for vitamin A supplement provision; to child development through direct support to the iodization of salt; and to early work on initiating the fortification of cereal flours). MI is also perceived as an effective champion of a country-led, evidence-based, holistic, long-term, and results-based approach to development.

Their conclusions included a clear message that MI adds most value by remaining exclusively focused on micronutrients in line with its vision, purpose and mission. Overall these studies found that MI’s work has been and will continue to be most valued by stakeholders in four main areas as follows:

- **provision of high quality programmatic and technical support** to stakeholders, as part of programs, for the following:
  - program design (including specifications for, and/or advice on sourcing, micronutrient goods, expertise and services);
  - program implementation (including procuring goods and services, where essential);
  - training and institutional capacity building;
  - monitoring progress, and using monitoring to improve program performance;
  - evaluating programs, and using evaluation to improve decisions about the future of programs;

- **developing, testing and documenting innovative approaches** to improve program design and implementation, and generating and disseminating knowledge to add to global knowledge and to help others improve and develop new programs;

- **translating knowledge into action**, directly through MI’s own influence and standing in countries and globally, and indirectly by convening, working through and leveraging networks of stakeholders to do the following:
  - engage in evidence-based advocacy and other means of influencing policy and decision makers to prioritize investments for key micronutrient policies, programs, approaches and research;
  - improve how micronutrient programs are designed and integrated into nutrition, health, social protection or other programs, and how they are implemented, monitored and evaluated;
• **providing targeted financial support** to leverage the achievement of required outcomes, while being flexible and opportunistic in the use of resources to close gaps, remove barriers and catalyze the operationalization and performance improvement of programs.

The following key recommendations emerged for MI to follow:

• make knowledge acquisition, compilation and distribution fundamental to the organization’s strategy;

• improve the organization’s capability for establishing, maintaining and concluding effective collaborations;

• improve staff capacity to provide technical support directly, to acquire and analyze knowledge to generate evidence, and to apply that evidence to address needs for local program delivery and to influence policy and practice in other countries;

• develop a broader communications strategy to support internal knowledge management and to work with key external audiences to translate knowledge into positive change; and

• develop exit strategies from some program areas, so as to be able to increase involvement in others and adapt, on an ongoing basis, to the changing landscape and increasing opportunities and scope for MI action.

These recommendations assumed no change in organizational scale. MI will act on them, but will also take into account the very extensive gap between global micronutrient needs and the level of global response, and consider options for a substantially enlarged scope of work.

The strategic approach below takes account of these findings and recommendations, builds on the achievements and comparative advantages developed and demonstrated by MI over recent years, and includes a step to consider viable business model options for a larger-scale MI operation.
TAKING ACTION: STRATEGIC APPROACH

The global burden of vitamin and mineral deficiencies is so widespread globally that close to two billion people need to improve their intake of essential vitamins and minerals. MI cannot hope to address all needs directly, and so it must focus its efforts strategically.

MI's overall strategic approach is to enable and empower others who have extensive reach and influence among the most affected populations to take action to meet these needs, and to support and guide them so as to maximize sustained impacts.

MI’s business model will continue to use programming in a critical mass of selected countries. This will demonstrate how impact can be achieved at large scale, and to generate evidence that can be combined with other knowledge to underpin advocacy aimed at key decision makers and influencers to encourage them to adopt the most cost-effective approaches and interventions, and to resource, institutionalize and sustain them. In keeping with its purpose and guiding principle on equity, MI will prioritize actions to ensure that the most vulnerable women and children in developing countries get the vitamins and minerals they need.

On a parallel track, MI will do a landscape analysis of the broader field of nutrition, micronutrients and business models to determine where enhanced levels of resources and MI engagement could significantly address gaps and needs.

Geographic Focus

MI will devote some 80% of its efforts to programming in countries in South Asia, South East Asia, sub-Saharan Africa and other regions where there are significant unmet needs. MI will continue to focus efforts in ‘core’ countries\(^{17}\) with potentially winning conditions for progress, based on the following criteria:

- significant unmet needs, with adequate local political commitment to address these needs;
- recognition of the scope for MI to add value to other efforts, and to achieve additional impact;
- adequate local capacity with which MI can work to achieve results;
- availability of adequate donor and/or domestic resources to support long term change;
- scope to generate new knowledge with wider application nationally, regionally, and/or globally; and
- operating conditions that allow MI to pursue programming and achieve its objectives.

Work in these countries is expected to generate evidence and lessons learned that can be translated and used in evidence-based advocacy more broadly within the country or local region. MI will also work in additional ‘project’ countries where opportunities arise and where most of these conditions (other than long-term resources) are in place (‘project’ countries in 2012 included Afghanistan and Burkina Faso). MI will scale back its presence from all or part of a ‘core’ or ‘project’ country when one or more of these conditions are no longer sufficiently in place to enable results to be achieved, and there is no prospect of early improvement.

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\(^{17}\) MI’s ‘core’ countries in 2012 were Senegal, Nigeria, Ethiopia, Kenya, Pakistan, India, Nepal, Bangladesh and Indonesia.
MI will also increase its global level work as follows:

- generating new knowledge from innovative approaches;
- translating that knowledge into policies and programs through technical support, advocacy and demonstration programs at scale;
- using targeted evidence-based advocacy to strengthen commitment and political will; and
- intervening to close crucial global gaps in the quality and availability of essential micronutrient commodities.

As a benchmark, MI will aim for a balance between these of 80% country and 20% global programs.

**Target Groups and Interventions**

From all the available evidence, and based on its strengths and experience, MI has concluded that it can add most value by continuing to focus on improving the sustained intake of key micronutrients by women of reproductive age, newborns, infants and children who are at risk of one or more deficiencies – focusing especially on the 1,000-day window of opportunity between conception and two years of age, within a broader life cycle context.

**Figure 2**, below, illustrates indicative interventions that MI may use during the life cycle to meet the needs at differing stages. These interventions must be integrated into programs with high potential to reach the intended populations in a timely and regular fashion.

**Figure 2: Indicative interventions during the life cycle**
Since the evidence base and operating context for MI’s work are continually evolving, MI’s work will not necessarily be limited to these interventions, nor will it necessarily include them all. MI has therefore developed, and will continue to maintain and regularly update, programming strategies to inform the optimal choice of interventions and operational approaches to be used at country, regional and global levels to address needs throughout the life cycle.

Overall, MI will aim to focus 80% of its resources on interventions during the 1,000-day period as a benchmark, with a scope of work that includes the following:

- placing a priority on the promotion and technical support for direct micronutrient interventions that have been proven to deliver impact during the critical 1,000-day period, and their integration into programs with high potential to reach those at risk in a timely fashion;
- promotion of micronutrient-sensitive approaches to enhancing impact for these groups as part of policy development, advocacy and planning support work with countries (including advocacy for investments that aim to improve micronutrient status within health, social protection, food security and other policies and programs); and
- promotion and provision of technical support for nutrition-specific and nutrition-sensitive actions earlier in the life cycle, so as to reduce poor nutrition in adolescence and among women entering pregnancy, and to break the inter-generational cycle of undernutrition.

**Collaborating with Others**

Catalyzing long-term significant impacts on vulnerable groups at large scale requires changing their knowledge, attitudes and practices (including demand for and correct utilization of micronutrients), assuring availability and access to affordable supplies, and a promotional environment. MI, therefore, needs to bring about change among key intermediaries and influencers who typically include the following:

- front-line providers and their supervisors in countries, who need to ensure and improve the quality, accessibility, availability and affordability of key supplies for target groups, and ensure and improve the provision of associated services, such as counselling;
- local communities and other social structures including the media in countries, who need to promote the following: improved awareness of, demand for, and proper use of micronutrients by vulnerable target groups; appropriate behaviours to improve care for newborns, girls and boys and mothers; and behaviours that promote healthy diets earlier in the life cycle to reduce poor nutrition in adolescence and among women entering pregnancy to break the inter-generational cycle of undernutrition;
- policy and decision makers, who need to establish and maintain an improved, more promotional environment that enables those above to achieve optimal coverage and impact; and
- experts, donors and others who have an influence on all of the above.

To do this in a way that enhances and leverages the reach of micronutrient programming and its impact on target groups, MI will collaborate with other organizations that have large-scale reach and/or influence. This will include engaging with governments, private sector and civil society organizations, international agencies, as well as research institutes and universities, to play enhanced and more substantial roles in micronutrient interventions. MI will add value by providing direct technical assistance, by sourcing and managing the performance of expertise, by specifying and sourcing materials and equipment, by undertaking project design, management, monitoring and evaluation, and by generating and collating knowledge to use in advocacy. MI will vary its choice of collaborators.
according to the skills and outcomes required by the circumstances. It will maintain Programming Guidance for staff that includes criteria to use when selecting appropriate collaborators in each area of work.

MI’s approach to achieving sustainability will include alignment and working within existing plans, a significant focus on capacity and system building, negotiating shared risk and cost arrangements, and planning exit strategies from the outset of projects to allow MI to step back from intensive involvement after some time. MI will aim to improve the capacity and capabilities of relevant local organizations that will be responsible for sustained implementation of programs in the long term.

At the global level, MI will seek similarly to work with normative agencies and others who can have a major influence on country policy and practice, helping develop global guidelines and other publications that assist countries to make policies and programs more effective.

**Strategic Goals**

Based on this strategic approach, MI has developed the following strategic goals, with associated key performance indicators, targets and policy markers. These goals aim to contribute directly to higher-level international targets, including those of the Millennium Development Goals, those set by the UN Commission on Information and Accountability for Women’s and Children’s Health, global targets for maternal, infant and young child nutrition for 2025 endorsed by the World Health Assembly in 2012, and the goal of reducing under-five deaths to 20 per 1,000 live births by 2035, with five-year milestones for maternal, newborn and child survival, framed within evidence-based country action plans. MI aims to make the greatest possible contribution to impact on target groups globally, and to achieve an optimal balance and synergy between direct and indirect aspects of its programming. Accordingly, MI has three strategic goals that relate to direct actions in countries in high-burden regions targeted by MI, and a fourth goal, which both contributes to these higher-level goals and focuses particularly on catalytic work by MI that is aimed at increasing impact beyond the populations who are directly targeted by MI in countries.

In setting these goals, and the associated key performance indicators, MI has adopted the following conceptual model of the winning conditions for impact on the micronutrient status of vulnerable groups, and thus for making a contribution to higher-level health and other outcomes.

MI’s overall approach will be to target populations who are most truly in need of additional micronutrient intake to improve their prospects for survival, health, growth and development. MI will then work to put conditions in place to ensure adequate coverage and utilization of micronutrients by vulnerable groups in need, as integral components of local health, food and other delivery systems (see Figure 3).

MI will monitor program progress in order to report to investors and other stakeholders on key program progress metrics, and to provide data needed to generate published evidence. It will do this as part of operations research aimed at testing ways of improving programs, and at helping countries adopt ways of tracking progress that are highly cost-effective. MI will also evaluate programs to inform the design of future programs, and/or to determine changes in program direction and focus.

The first three goals below relate to MI’s country programs in particular. As benchmarks, MI will aim for 50-55% of country programs to be focused on goal A (Child Survival), 10-15% on goal B (Child Health, Growth and Development), and 30-35% on goal C (Women’s and Newborn Survival and Health). Within all of these three goals, MI aims to devote up to 20% of programming effort to generating knowledge and applying it, in combination with other evidence, to advocate with policy and decision makers to catalyze positive changes in program policy (including resource use and allocation) and practice.

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18 Committing to Child Survival – A promise renewed. WHO 2012.
Goal A: Child Survival

To increase the number of children who survive to five years of age as a result of receiving essential micronutrient interventions.

To ensure that it can really make a significant contribution to child survival, MI will track shortfalls in provision to populations of children who are most truly in need of additional micronutrients to improve their chances of survival to age five. MI will then work to integrate micronutrient components into local systems for delivering treatment and preventive health programs and services to these children cost-effectively, with a focus on assuring that the most vulnerable are catered to. This goal will encompass interventions that aim to help children survive in the presence of micronutrient deficiency (without trying to improve their long-term micronutrient status) such as:

- biannual supplementation with vitamin A for children 6 to 59 months of age, where vitamin A deficiency is a public health problem, where supplementation can be bundled or integrated within essential packages of interventions with large scale distribution, and where programs to ensure adequate vitamin A intake are not yet established; and
- treatment of diarrhoea with zinc supplements and low-osmolarity oral rehydration salts, where zinc deficiency is a public health problem and programs to ensure adequate zinc intake are not established.

Goal B: Child Health, Growth and Development

To increase the number of children, particularly those under the age of two, who get the essential vitamins and minerals they need to promote their optimal health, growth and development.

MI will track shortfalls in provision for children who are most in need of additional micronutrient intake to correct growth faltering and improve their chances of healthy growth and development, with a particular focus on children under two years of age. MI will work in targeted areas of need within the contexts of health, nutrition and social protection programs, and food production and distribution systems, to
improve the coverage and consumption of micronutrients by children most at risk. Goal B will encompass interventions that aim to prevent micronutrient deficiencies in infants and young children, and to identify risk of deficiency and address them in a timely fashion, such as:

- identification, provision and quality control of fortified complementary foods, lipid-based nutrient supplements, micronutrient powders or other commodities to fill dietary gaps of essential nutrients during the complementary feeding period;
- effective behaviour change interventions to improve the adequacy of breastfeeding and complementary feeding practices and ensure appropriate utilization of any complementary feeding commodities; and
- regular screening to identify risk of inadequate dietary intake and appropriate interventions to address this risk, including ensuring provision and utilization of appropriate complementary feeding or therapeutic commodities.

Goal C: Women’s and Newborn Survival and Health

To improve the survival and health of women and their newborns by ensuring that their needs for essential vitamins and minerals are met during the reproductive years, and particularly during pregnancy and after birth.

MI will take a multi-faceted approach to achieving this goal, and track shortfalls in provision for women and their newborns within several contexts: reproductive health, as well as maternal and newborn health and nutrition programs; social protection and humanitarian assistance programs; and food production and distribution systems. MI will then work in targeted areas of need within these contexts to improve the coverage and consumption of micronutrients, particularly by pregnant women to improve maternal and neonatal outcomes, as well as by adolescent girls and women through their reproductive years. Goal C will encompass interventions such as:

- assurance (at the point of production) of the quality of fortified targeted and/or staple foods and condiments (including salt), and exploring ways of promoting and improving access to and availability of these fortified foods, particularly for populations most at risk of deficiencies;
- provision and regular utilization during pregnancy of calcium supplements, and of iron and folic acid supplements;
- delayed umbilical cord clamping; and
- promotion of early and exclusive breastfeeding.

Goal D: Global Impact

To catalyze greater global impact of micronutrient interventions by contributing to the evidence base and its translation into policies and programs, strengthening commitment and political will, and ensuring high quality and availability of essential micronutrient commodities.

Beyond goals A, B and C, MI will direct 20-25% of resources towards catalyzing greater global impact. In setting this goal, MI also seeks to position itself more visibly as a global leader in advancing solutions to reduce vitamin and mineral deficiencies in collaboration with others. In order to be credible in mobilizing broader-based support, MI will seek to strengthen its own international standing as a leading organization for evidence-based and innovative technical support and knowledge translation for micronutrient programming by employing methods such as:

- enhancing MI’s presence and profile at key international fora and in the global nutrition architecture;
• convening, organizing and/or hosting key international and regional level meetings;
• tracking and reporting on investments and progress in tackling micronutrient deficiencies;
• working with, influencing and/or supporting other organizations with large multiplier effects, especially at policy level;
• increasing MI’s support for high-impact publications and guidelines.

Linked to this, MI will explore, early in this plan period, options for new MI business models to establish or open up access to fresh and innovative new funding streams. MI will undertake a full analysis of opportunities for new platforms for scaling up micronutrient nutrition across multiple sectors. This will include innovative options for MI to contribute to a possible exponential scale-up of micronutrient interventions. To facilitate this, new business models that tap into innovative funding streams or create new innovative funding mechanisms will be explored, and may provide an avenue for increasing MI’s resource base. Any action items resulting from this process that would have a significant impact on this strategic plan will be integrated into the plan’s mid-term review.

MI’s approach to catalyzing global impact, in addition to that achieved by MI country programming, may include the following components:

• analysis of gaps in the medium-term availability of micronutrient products of appropriate quality that would otherwise scarcely be available due to the lack of an adequate commercial market, and intervention to catalyze their increased availability to targeted groups, through:
  o product development and improvement;
  o assuring adequate procurement of supplies that are essential to leverage the ongoing scale-up of high impact programs (for example high dose vitamin A supplements);
• demonstration projects and research to generate new knowledge to fill strategic evidence gaps related to MI’s areas of interest, and implementation research to develop and test innovative approaches and interventions (including different distribution channels to expand access to and availability of key micronutrients, particularly for the most vulnerable groups);
• the combining of knowledge from MI’s work with other information into evidence-based advocacy for policy makers and key influencers to encourage informed improvements to policies, programs and investments; this could include, for example, developing and field testing algorithms to guide countries in decision-making related to continuing universal vitamin A supplementation, moving to targeted supplementation, or phasing out where dietary intake has improved over time;
• convening partners and stakeholders through global mechanisms such as alliances, task forces and events;
• promotion of, and technical and other support for, reviews of the evidence, as well as for the development of recommendations and program guidance on micronutrient interventions;
• prioritization of evidence gaps that limit countries’ ability to program cost-effective and integrated micronutrient interventions; and
• strategic advocacy and external communications campaigns, with the goal of ensuring micronutrients are prioritized and appropriately resourced.
RESOURCES

Smart-Growth Strategy

MI is focused on securing diversified and sustained sources of revenue and on applying revenue generated in the most cost-effective manner possible in order to achieve its strategic goals and targets. MI will engage in a ‘smart’ strategy for growth that prioritizes the following:

- strategic profile-raising, communications and outreach efforts to strengthen MI’s brand and support MI’s global-impact agenda;
- resource diversification to support sustainability;
- donor stewardship to solidify MI’s existing revenue base and to tap into the strength of current relationships in order to ensure longer-term, renewed, and potentially increased investment from existing donors; and
- outreach to new donors (prioritizing efforts to secure funds from at least one additional bilateral agency), prior donors (i.e., partner organizations or others with whom MI has had a previous funding relationship), targeted and emerging philanthropic channels, and new corporate sector partners.
- exploration of new business models to support expanded capacity to address the global burden of micronutrient deficiencies at a larger scale.

Increased Profile – As part of a comprehensive communications and outreach strategy, and to support MI’s global impact agenda, emphasis will be placed on increasing MI’s profile as a global leader in micronutrient programming. This includes employing effective and targeted external communications strategies and tactics, ensuring that corporate branding is strong and consistent with the organization’s mission and values, and tapping into global, regional, and in-country opportunities to raise MI’s profile. This increased visibility and profile will help attract new donors and will support the retention of existing donors.

Diversification – MI aims to diversify its funding base so that no single donor accounts for more than 75% of MI’s revenue.

Donor Stewardship – Effective and targeted stewardship of current and prior donors provides the greatest potential wellspring for future sustained or increased support within, and across, geographic areas of interest. In order to strengthen donor stewardship, systems and tools will be created and enhanced (such as tailored contact management software, strategic donor profiling, and communications materials), and human resources will be assigned to ensure that MI’s donor relationships are nurtured effectively and strategically.

Outreach to New Donors – To support smart, proactive outreach to new donors, MI will develop a short list of campaigns (by theme, intervention and/or geography) that take into consideration resource gaps, desired outcomes, and strategic opportunity for success, based on financing trends, priorities and contexts.

Exploring New Business Models to Expand Capacity – Innovative funding in other areas of health and development has led to dramatic increases in access to life-saving and life-enhancing interventions. MI will explore opportunities for new platforms that may lead to a possible exponential scale-up of micronutrient interventions. To facilitate this, new business models that tap into innovative or new funding streams, or create new funding mechanisms, will be explored and may provide an avenue for increasing MI’s resource base and expanding MI’s reach and impact. Any action items resulting from this process that would have a significant impact of this strategic plan will be integrated into the plan’s mid-term review.
METRICS AND TARGETS

MI will adopt a standard set of metrics for the five-year plan period 2013-2018 and will set annual targets for these. As part of its regularly updated programming strategies, MI will include guidance to staff on data collection and measurement.

Annual targets will be set in MI’s annual Program of Work and Budget.